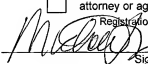
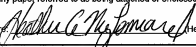


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H. R. 4818).)</i>		Docket Number (Optional) H0757.70000US00																									
Application Number	10/526,267-Conf. #6419	Filed	March 23, 2006																								
For A GROUP OF SYNTHETIC ANTIMICROBIAL PEPTIDES																											
Art Unit	1656	Examiner	M. M. Tsay																								
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.																											
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):																											
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 20%; text-align: center;"><u>Fee</u></th> <th style="width: 20%; text-align: center;"><u>Small Entity Fee</u></th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$120</td> <td style="text-align: center;">\$60</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$460</td> <td style="text-align: center;">\$230</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1050</td> <td style="text-align: center;">\$525</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1640</td> <td style="text-align: center;">\$820</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2230</td> <td style="text-align: center;">\$1115</td> <td style="text-align: center;">\$ <u>1,115.00</u></td> </tr> </tbody> </table>					<u>Fee</u>	<u>Small Entity Fee</u>		<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$ _____	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$ _____	<input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$ <u>1,115.00</u>
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<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.																											
<input type="checkbox"/> A check in the amount of the fee is enclosed.																											
<input checked="" type="checkbox"/> Payment by credit card.																											
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.																											
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>23/2825</u> . I have enclosed a duplicate copy of this sheet.																											
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.																											
I am the <input type="checkbox"/> applicant/inventor.																											
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).																											
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>36,276</u>																											
<input type="checkbox"/> attorney or agent under 37 CFR 1.34.																											
Registration number if acting under 37 CFR 1.34 _____																											
 _____ Signature		August 4, 2008 _____ Date																									
Michael T. Siekman _____ Typed or printed name		617.646.8000 _____ Telephone Number																									
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.																											
<input type="checkbox"/> Total of <u>1</u> forms are submitted.																											

Certificate of Electronic Filing Under 37 CFR 1.8	
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).	
Dated: August 4, 2008	Signature:  Heather A. McLennand